Ohio Campaign Finance Report

OS NOV -3 PM 2: 42

Prescribed by Secretary of State 02/01

						$-\omega_{R_L}$	M ni		HAT.
Full Name of Committee	***					Registra	tion Nun	ber, if P.	ACTIONS
Kevin L. Boyce for	City Council Co	ommittee							. 1042
Full Name of Candidate									
Kevin L. Boyce									
Street Address				Office Sought				District	
250 West Street				City Co	uncil				
City					S	tate	Zip Cod	e	
Columbus					0	H	432	15	
Type of Report	Pre-Primary	Post-Primary	х	Pre-General		Post-Ge	neral		Annual Year
(place X to the left of report	July	August		September					
type)	Monthly	Monthly		Monthly		Termina	tion		
Amended Report?	Report Electro	· —				M		D	Y
☐ Yes ☑ No		res ☑ No	Date of	Election	1	1	0	8	0 5

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

I. Amount brought forward from last report	70,788.30
2. Total monetary contributions (From Form No. 31-A)	33,673.00
3, Total other income (From Form No. 31-A-2)	0.00
4 Total funds available (sum of lines 1, 2, 3)	104,461.30
5. Total monetary expenditures (From Form No. 31-B)	92,102.95
6. Balance on hand (line 4 minus line 5)	12,358.35
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$
9. Outstanding loans owed by committee (From Form No. 31-C)	\$
10. Outstanding debts owed by committee (From Form No. 31-N)	\$
11. Outstanding loans owed to committee (From Form No. 31-K)	\$
12. Value of independent expenditures made (From Form No., 31-U)	\$
13. For Electronic Filing Entities only Sum of lines 2, 7 and amount of any new loans received this period	\$

	D IN THIS REPORT IS MADE UNDER THE PE ATION IS GUILTY OF A FELONY OF THE FIF	NALTY OF ELECTION FALSIFICATION. WHOEV	'ER
Aaron L. Granger	voo	haldy or	11/02/05_
Print Name and Title (Treasurer and D	eputy Treasurer only) Signature		Date
Contribution	Expenditure	Other	Total
pages 13	pages 4	pages 0	pages <u>17</u>

Page 1

Statement of Contributions Received

Prescribed by Secretary of State 3/05

	Prescribed by S	ecretary of State 3/05					
Name of Committee in Full							
Kevin L. Boyce for Columbus City (Council Com	mittee					
Full Name of Contributor			Registra	ion Numl	ber, if PA	.C	
The Committee to Elect Fred Straho	rn						
Street Address	Employer/Occi	upation/Labor Organization*				Form (Cash, Ch	ieck, etc.)
223 Kenwood						check	
	State	Zip Code	M	D	Y	Amount	050.00
City	OH	45406	1 0		0 5		250.00
Dayton Full Name of Contributor			Registra	tion Num	ber, if PA	C	
				_			
Paul Tipps	Employer/Occ	upation/Labor Organization'				Form (Cash, Cl	heck, etc.)
Street Address	State St	treet Consultants	- Lobbyi	st		check	
137 East State Street	State	Zip Code	М	D	Y	Amount	
City	OH		1 0	3 1	0 5		100.00
Columbus	0 1	· TOZIO		tion Num			
Full Name of Contributor							
Penny Tipps	In Javan/Oas	cupation/Labor Organization				Form (Cash, C	heck, etc.)
Street Address	Employer/Occ	treet Consultant	- Lohby	ist		check	
6641 Sunbury Road		Zip Code	M M	I D	Y	Amount	
City	State	1 T		3 1	1015		100.00
Westerville	OI	43082	Registr	ation Nun	nber, if P	AC	
Full Name of Contributor			rcg.su.	2001111		,	
Colleen A. Lora						Form (Cash, C	heck, etc.)
Street Address	Employer/Occ	cupation/Labor Organization	. Tabbre	int		check	
100 Montrose Way	State S	treet Consultant	s - Lobby	T D	Y	Amount	
City	State	Zip Code	M		1 .	I.	100.00
Columbus	O F	1 43214	10				100.00
Full Name of Contributor			Registr	ation Nur	moer, ii r	AC	
Gregory B. Comfort							2014- \
Street Address	Employer/Oc	cupation/Labor Organization	1*			Form (Cash, C	neck, etc.)
2275 Onandaga Drive	EMH	& T - Engineer				check	
City	State	Zip Code	M	D	Y	Amount	E00.00
Columbus	0 1	d 43221	1 (500.00
Full Name of Contributor			Regist	ration Nu	mber, if l	PAC	
Jeff Miller							
	Employer/Oc	ccupation/Labor Organizatio	n*			Form (Cash,	Check, etc.)
Street Address		& T - Engineer				check	
6674 Hermitage Drive South	State	Zip Code	М	D	Y	Amount	= 00.00
City	1	H 43082	110	0 3 1	1 0 3	5	500.00
Westerville		1000	Regist	ration Nu	ımber, if	PAC	
Full Name of Contributor						· · · · ·	
Citizens for Habash	E-mlover/O	ccupation/Labor Organization	n*			Form (Cash,	Check, etc.)
Street Address	Employeno	ccupation bacor organization				check	
404 South Chersterfield Road	Sunta	Zip Code	М	D	Y	Amount	
City	State	H 43209		0 3⊥	1 0	5	18,000.0
Columbus	0	11 40209	Regis	tration No			
Full Name of Contributor							
Mark J. Weber		Occupation/Labor Organization	n*			Form (Cash.	Check, etc.)
Street Address	Employer/C	occupation/Labor Organization	Vlokomn	_ A++	rnv	check	
3227 Glengyle Ave.		ng, Muething &	<u>Кіекапір</u> М	- Att.	I Y	Amount	
City	State	Zip Code		1 .	1 0	B	250.0
Cincinnati Required for contributions from individuals over \$100 to statewid	0	H 45208	1				

individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 19,800.00

Page	2
1 450	

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full								==
Kevin L. Boyce for City Council Comn	nittee			_				
Full Name of Contributor				Registr	ation Nur	nber, if P	AC	
Jonathan C. Beard								
Street Address	Employ	er/Occup	ation/Labor Organization				Form (Cash, C	Check, etc.)
1815 Franklin Park South	Col	lumb	us Compact Corp.				check	
City	St	ate	Zip Code	М	D	Y	Amount	
Columbus	0	H	43205	1 0	3 1	0 5		50.00
Full Name of Contributor				Registr	ation Nur	nber, if P	AC	
Coleman for Columbus								
Street Address	Employe	er/Occup	ation/Labor Organization				Form (Cash, C	Check, etc.)
3886 N. High St.							check	
City	St	ate	Zip Code	M	D	Y	Amount	
Columbus		Н	43214	10	3 1	0 5	İ	2,000.00
Full Name of Contributor					ation Nun	nber, if P	AC	
Columbus Franklin County AFL-CIO				PE	C			
Street Address	Employe	r/Occup	ation/Labor Organization	-			Form (Cash, C	heck, etc.)
1545 Alum Creek Dr., 2nd Floor	ł						check	. ••
City	St	ate	Zip Code	М	D	Y	Amount	
Columbus	0	Н	43209	1 0	3 1	0 5		200.00
Full Name of Contributor				Registra	ation Nun	ber, if PA	AC	
Plumbing & Pipefitting Industry Local	189			LA	1212			
Street Address	Employe	r/Occup	ation/Labor Organization	•			Form (Cash, C	heck, etc.)
1250 Kinnear Rd.							check	
City	St	ate	Zip Code	М	D	Y	Amount	-
Columbus	0	Н	43212	10	3 1	0 5		300.00
Full Name of Contributor					tion Nur		C	
Mark A. Wagenbrenner								
Street Address	Employe	r/Occupa	ation/Labor Organization				Form (Cash, C	heck, etc.)
1289 Grandview Ave.	The	Wag	nebrenner Compa	ny - c	wner	•	check	
City	Sta		Zip Code	М	D	Y	Amount	
Columbus	0	Н	43212	1 0	3 1	0 5		1,000.00
Full Name of Contributor				Registra	tion Num	ber, if PA	C	
Mentel for Council								
Street Address	Employe	r/Occupa	tion/Labor Organization				Form (Cash, C	heck, etc.)
3886 N. High St.							check	
City	Sta	ite	Zip Code	M	D	Y	Amount	
Columbus	0	Н	43214	1 0	3 1	0 5		3,000.00
Full Name of Contributor					tion Num			
Resources PAC				CP	1076			
Street Address	Employe	r/Occupa	tion/Labor Organization				Form (Cash, C	heck, etc.)
17 S. High St., Ste. 245							check	
City	Sta	te	Zip Code	М	D	Y	Amount	
Columbus	0	Н	43215	1 1	01 1	0 5		200.00
Full Name of Contributor				Registra	tion Num	ber, if PA	C	
Joyce E. Bushman								
Street Address	Employer	/Occupa	tion/Labor Organization				Form (Cash, C	neck, etc.)
125 Mackenzie Dr.	City	of C	Columbus - Chief of	Staff	:		check	
City	Sta		Zip Code	М	D	Y	Amount	
Pickerington	0	Н	43147	1 1	0 1	0 5		50.00

appear. R.C. 3517.10(B)(4)

Page Total \$ 6,800.00

^{*} Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must

Statement of Contributions Received

Prescribed by Secretary of State 2/01

		,					
Name of Committee in Full							
Kevin L. Boyce for City Council Comm	uittee						
Full Name of Contributor				Registra	tion Nun	iber, if l	PAC
Jeffrey E. Whitney							
Street Address	Employe	r/Occupa	ation/Labor Organization				Form (Cash, Check, etc.)
19122 Raymond Rd.	We:	ndy's	International				check
City	St	ate	Zip Code	М	D	Y	Amount
Marysville	0	H	43040	111	0 1	0 5	50.00
Full Name of Contributor	<u> </u>	I			tion Nun		
Street Address	Employe	r/Occupa	ation/Labor Organization				Form (Cash, Check, etc.)
		·	-				
City	St	ate	Zip Code	М	D	Y	Amount
		1	*	1 1	1	1 1	
Full Name of Contributor	<u> </u>			Registra	tion Nun	ber. if l	PAC
Tan I value of Contatoator				1		,	
Street Address	Employe	r/Occup:	ation/Labor Organization	L			Form (Cash, Check, etc.)
Succi Address	Linploye	лоссира	ation baoor organization				2 01111 (02011, 011011, 01101)
C:L.	C4	ate	Zip Code	М	D	Y	Amount
City	34	41 0	Zip Code	"			7 tinount
- " - " - " - " - " - " - " - " - " - "				Distor	dian Man	han if I)AC
Full Name of Contributor				Registra	tion Nun	iber, ii i	AC
	1			<u> </u>			Form (Cash, Check, etc.)
Street Address	Employe	r/Occupa	ation/Labor Organization				rom (Cash, Check, etc.)
Transfer one with	<u> </u>					T	-
City	St	ate	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registra	tion Nun	iber, if l	PAC
			54H 57		_		
Street Address	Employe	r/Occupa	ation/Labor Organization				Form (Cash, Check, etc.)
City	St	ate	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registra	tion Nun	ber, if l	PAC
Street Address	Employe	r/Occupa	ation/Labor Organization				Form (Cash, Check, etc.)
City	Sta	ate	Zip Code	М	D	Y	Amount
Full Name of Contributor				Registra	tion Nun	ıber, if I	PAC
Street Address	Employe	r/Occupa	ation/Labor Organization				Form (Cash, Check, etc.)
City	Sta	ate	Zip Code	М	D	Y	Amount
Full Name of Contributor				Registra	tion Nun	iber, if I	AC
Street Address	Employe	r/Occuna	ation/Labor Organization				Form (Cash, Check, etc.)
		p					
City	St	ate	Zip Code	М	D	Y	Amount
		.				1	

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

Page Total \$ 50.00

Page	4_

Page Total \$ 7,023.00

Statement of Contributions Received

Prescribed by Secretary of State 2/01

	· <u></u>					
Name of Committee in Full	:					
Kevin L. Boyce for City Council Com	mittee		Dei	tion M	ber, if PA	
Full Name of Contributor			Registra	uon num	iber, ii FA	
Contributions from form No. 31-E	· · · · · ·					Farm (Cook Chook ato)
Street Address	Employer/Occu	ipation/Labor Organization				Form (Cash, Check, etc.)
0.	State	Zip Code	М	D	Y	Amount
City	Julie	Zip Couc	I .	0 7	I .	500.00
Full Name of Contributor		_1			ber, if PA	
Contributions from form No. 31-E					•	
Street Address	Employer/Occu	pation/Labor Organization				Form (Cash, Check, etc.)
out made of						
City	State	Zip Code	М	D	Y	Amount
			1 0	1 3	0 5	2,050.00
Full Name of Contributor			Registra		ber, if PA	AC .
Contributions from form No. 31-E						
Street Address	Employer/Occu	upation/Labor Organization				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
			1 0	1 9	0 5	3,625.00
Full Name of Contributor			Registra	tion Nun	iber, if PA	AC
Contributions from form No. 31-E						
Street Address	Employer/Occi	upation/Labor Organization				Form (Cash, Check, etc.)
				1 -	1	
City	State	Zip Code	M	D	Y	Amount
			1 0		0 5	50.00
Full Name of Contributor			Registra	uon Nun	nber, if P	AC .
Contributions from form No. 31-E	- I					Form (Cash, Check, etc.)
Street Address	Employer/Occi	upation/Labor Organization				Form (Cash, Check, etc.)
o'.	State	Zip Code	М	D	Y	Amount
City	State	Zip Code	1 0	1 .	0 5	798.00
Full Name of Contributor					nber, if P	
Full Name of Conditional					,	
Street Address	Employer/Occ	upation/Labor Organization				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			Registra	ation Nur	nber, if P	AC
Street Address	Employer/Occ	upation/Labor Organization				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor			Registr	ation Nur	nber, if P	AC
	IP 1 /0	# # # # # # # # # # # # # # # # # # #				Form (Cash, Check, etc.)
Street Address	Employer/Occ	upation/Labor Organization				i oilii (Casii, Check, etc.)
	Cita	Zin Codo	М	D	ΤΥ	Amount
City	State	Zip Code	1 1/1		'	Mount
		<u>l</u>		1	ليل	

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

31-E R.C. 3517.10(B)

500.00

•		
Event Date	10/7/2005	
Page	5	

Page Total \$

500.00

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by S	ecretary of State 02/01				
Name of Committee in Full						· · · · · · · · · · · · · · · · · · ·
Kevin L. Boyce for City Cour	ncil Committee					
Full Name of Contributor			Registra	tion Nun	nber, if P.	AC
David B. Perry						
Street Address	Employer/Occi	upation/Labor Organization*	М	D	Y	Amount
6651 Dutch Lane Rd.	David Perry	y Co., Owner	110	3 1	0 5	500.00
City	State	Zip Code	Form(Ca	200.00		
Johnstown	ОН	1 7		checl		•
Full Name of Contributor		40001			nber, if P.	AC
run manie of Contributor			Registia	uon run	1001, 11 1	AC .
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*			Y	Amount
City	State	Zip Code	Form(Ca	ash,Chec	k,etc)	
			1			
Full Name of Contributor			Registra	tion Nun	nber, if P	AC
Street Address	Emmlassar/Occ	pation/Labor Organization*	M	D	ΙΥ	Amount
Street Address	Employer/Occi	ipation/Labor Organization	l M		1 1	Anoun
City	State	Zip Code	Form(Ca	ash,Chec	k,etc)	
Full Name of Contributor			Registra	tion Nun	nber, if P	AC
Street Address	Employer/Occi	pation/Labor Organization*	М	D	ΙΥ	Amount
	Employer cook	Employer/Occupation/Labor Organization			1. 1.	
City	State	Zip Code	Form(Ca	ash,Chec	k,etc)	
Full Name of Contributor			Registra	tion Nun	ber, if P	AC
Street Address	Employer/Occu	pation/Labor Organization*	M	D	Y	Amount
City	State	Zip Code	Form(Ca	sh,Chec	k,etc)	·
		'				
Full Name of Contributor	F		Registra	tion Nun	ber, if Pa	AC
Street Address	Employer/Occu	pation/Labor Organization*	М	D	Y	Amount
Succi Addiess	Employer/occu	pation/Labor Organization	"			
City	State	Zip Code	Form(Ca	sh,Chec	k,etc)	
Full Name of Contributor			Registra	tion Nun	ber, if P	AC
Street Address	Employer/Occu	pation/Labor Organization*	М	D	Y	Amount
City	State	Zip Code	Form(Co	sh,Chec	k etc)	
City	State	Zip Code	1 omice	isii, ciico	K,CtC)	
* Required for contributions from individuals over \$10 should be listed. If two or more employees contribute we members, if any, must appear. [R.C. 3517.10(B)(4)]	via payroll deduction and exceed th	-	-			
Fill in the boxes below only on the last page for this ev Transfer the Total contributions for this event to form N in the date column.		ntributor state "Contributions fro	om form No.	31-E" an	d list the	date of the event
Total contributions this event	Total expenditures t	his event				

0.00

31-E R.C. 3517.10(B)

Event Date	10/13/2005
Page	6

Statement of Contributions Received at a Social or Fundraising Event

		cretary of State 02/01					
Name of Committee in Full							***
Kevin L. Boyce for City Council	Committee						
Full Name of Contributor			Registrat	ion Nun	nber, if Pa	AC	
Linda R. Ridihalgh			1,7		Τv	Amount	
Street Address	[· · · · · · · · · · · · · · · · · · ·	pation/Labor Organization*	M	D 1	$\begin{vmatrix} \mathbf{Y} \\ 0 \end{vmatrix} 5$	Amount	50.00
2112 Iuka Ave.	not employe		1 0 Form(Ca	3 1			50.00
City	State O H	Zip Code 43201					
Columbus Full Name of Contributor	0 11	43201		checl	nber, if P.	AC	
John Raphael Street Address	Employer/Occur	pation/Labor Organization*	М	D	Y	Amount	
261 East North Broadway	1	Co Lobbyist	1 0	3 1	0 5		1,250.00
City	State	Zip Code	Form(Ca	sh,Chec			
Columbus	ОН	43214		chec!	k		
Full Name of Contributor		<u></u>	Registrat	tion Nur	nber, if P	AC	
Martin M. Savko]				
Street Address	Employer/Occu	pation/Labor Organization*	M	D	Y	Amount	
675 Lindsey Marie Lane	Savko & Sor	ıs		3 1			750.00
City	State	Zip Code	Form(Ca	,			
Columbus	O H	43235		chec.			
Full Name of Contributor			Registra	tion Nur	nber, if P	AC	
Street Address	Employer/Occu	М	D	Y	Amount		
	State	Zip Code	Form(Ca	sh Chec	ck.etc)		
City	State	Zip Code	ronn(ca				
Full Name of Contributor			Registra	tion Nur	nber, if P	AC	
Street Address	Employer/Occu	pation/Labor Organization*	М	D	Y	Amount	
Sireet Address	Employen cou	panon 24001 018411111111			1 1		
City	State	Zip Code	Form(Ca	ash,Chec	ck,etc)		
City		'					
Full Name of Contributor		<u> </u>	Registra	tion Nu	mber, if P	AC	
Street Address	Employer/Occu	pation/Labor Organization*	M	D	Y	Amount	
Sireet Address	Zampioyea	,				1	
City	State	Zip Code	Form(Ca	ash,Che	ck,etc)		
Full Name of Contributor		<u> </u>	Registra	ition Nu	mber, if F	AC	
						 	
Street Address	Employer/Occu	pation/Labor Organization*	M	D	Y 	Amount	
City	State	Zip Code	Form(C	ash,Che	ck,etc)		
	i 1						
* Required for contributions from individuals over \$100 to s	tatewide and general assembl	ly candidates. If contributor is s	self-employe	d, occup	ation rath	er than emp	loyer
should be listed. If two or more employees contribute via pa	yroll deduction and exceed th	e aggregate of \$100, the labor	organization	of whic	ch the em	ployees are	
* Required for contributions from individuals over \$100 to s should be listed. If two or more employees contribute via particular, if any, must appear. [R.C. 3517.10(B)(4)]	tatewide and general assembly yroll deduction and exceed the	ly candidates. If contributor is s ne aggregate of \$100, the labor	self-employed organization	d, occup 1 of whic	ation rath	er than emp	ioyer

Fill in the boxes below only on the last page for this event.

in the date column.		
Cotal contributions this event	Total expenditures this event	Page Total \$ 2.050.00
2.050.00	0.00	

Event Date	10/19/2005
Page	7
Page	

	Prescribed by Secr	cury of Butte 12-11				-				
Name of Committee in Full										
Kevin L. Boyce for City Council Co	mmittee		Registration N	lumber if D	C.					
Full Name of Contributor			Registration N	unioci, ii F						
Thomas E. Szykowny			M D	ΙΥ	Amount					
Street Address	1	tion/Labor Organization*	$\begin{bmatrix} 1 & 0 & 3 \end{bmatrix}$	_	Amount	200.00				
250 South Parkview Ave.	Self - Attorney		Form(Cash,Cl			200.00				
City	State	Zip Code 43209	check							
Bexley	OH	U H 45209			Registration Number, if PAC					
Fuli Name of Contributor			OH109	tumoer, ir r						
Vorys Sater Seymour & Pease LLP		of the Constant	M D	Y	Amount					
Street Address	Employer/Occupa	ation/Labor Organization*	$\begin{bmatrix} 1 \\ 1 \end{bmatrix} 0 \begin{bmatrix} 3 \end{bmatrix}$			300.00				
52 East Gay Street		In a i	Form(Cash,C	heck etc)		000,00				
City	State	Zip Code	che							
Columbus	O H	43054	Registration 1		A.C.					
Full Name of Contributor			Registration I	valiloet, ii P	nc .					
Judy Tuckerman			M D	Y	Amount					
Street Address	Employer/Occup	ation/Labor Organization*	$\begin{bmatrix} M & D \\ 1 & 0 & 3 \end{bmatrix}$			25.00				
5000 Kitzmiller Rd.	Housewife		Form(Cash,C			20.00				
City	State	Zip Code	` :	eck						
New Albany	OH	43054	Registration		AC					
Full Name of Contributor			Registration	Number, ii i	AC					
Martha S. Ingram			МГ	Y	Amount					
Street Address		ation/Labor Organization*	$\begin{vmatrix} \mathbf{M} \\ 1 \end{vmatrix} 0 \begin{vmatrix} 3 \\ 3 \end{vmatrix}$		1	250.00				
3 New Albany Farms	White Castle		Form(Cash,C		<u> </u>	200.00				
City	State	Zip Code	. , ,	eck						
New Albany	OH	43054	Registration		PAC .					
Full Name of Contributor	-		Registration	Number, ii r	AC					
Susan Tomasky			- ,, , , ,) Y	Amount					
Street Address	1 '	oation/Labor Organization*	м п 1 0 3		1	250.00				
90 Ashbourne Rd.	AEP		1 0 3 Form(Cash,		<u> </u>	200.00				
City	State	Zip Code		eck						
Bexley	OH	43209		Number, if I	PAC					
Full Name of Contributor			Registration	Number, ii i	AC					
Judy Tuckerman			M 1) Y	Amount					
Street Address		pation/Labor Organization*		1 0 5		100.00				
90 Ashbourne Rd.	Housewife		Form(Cash,		·	100.00				
City	State	Zip Code 43209	, ,	eck						
Bexley	OH		Number, if	PAC	• •					
Full Name of Contributor			Registration	rumoer, ir	1110					
Donald B. Shackelford		i o instant	M	D Y	Amount					
Street Address	1	pation/Labor Organization*		1 0 3		2,500.00				
21 E. State St., Ste. 1400	Fifth Third I		Form(Cash,			2,000.00				
o'.	State	Zip Code		_						
Columbus	О∣Н	43215		ıeck						

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event	Page Total \$ 3.625.00
3.625.00	0.00	

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	10/21/05
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_	Prescribed by Se	ecretary of State 02/01						
Name of Committee in Full						-"		
Kevin L. Boyce for City Counci	l Committee							
Full Name of Contributor			Registr	ation Nu	nber, if	PAC		
Angela C. Vancleaf								
Street Address	Employer/Occu	pation/Labor Organization*	М	D	Y	Amount		
4327 Grays Market Dr.	Discover Ne	etwork Serv Cust. Serv.	1 0	3 1	. 0 3	5	25.00	
City	State	Zip Code	Form(C	Cash,Chec				
Gahanna	O H	43230	check					
Full Name of Contributor			Registr	ation Nu	nber, if	PAC		
Monica J. Gillison								
Street Address	Employer/Occu	pation/Labor Organization*	М	D	Y	Amount		
210 Briarwood Ct.					0 3	5	25.00	
City	State	Zip Code		Cash,Chec				
Westerville	ОІН)	chec				
Full Name of Contributor			Registr	ation Nur		PAC		
					,			
Street Address	Employer/Occu	pation/Labor Organization*	М	D	Y	Amount		
		.			1 1			
City	State	Zip Code	Form(C	Cash,Chec	k.etc)			
Chy		Z.p code	l'onn(c	ousii, ciie	, K, U.C.			
Full Name of Contributor			Registr	ation Nur	nher if	PAC		
ruii Name of Contributor			Kegisu	Registration Number, if PAC				
Street Address	Employer/Occur	pation/Labor Organization*	M	l D	Y	Amount		
Street Address	Employer/Occu	padoli/Laooi Organizadoli	. 1/1		1-4	Amount		
C't-	C+-+-	7:- 0-4-	E(C	l Char	1			
City	State	Zip Code	romic	Cash,Chec	k,eic)			
E HAY CO 4 T 4			Domine	-4: N		DAG		
Full Name of Contributor			Kegistr	ation Nur	noer, 11	PAC		
G:	E 1/0		+,,	T 5	1 17	14		
Street Address	Employer/Occu	pation/Labor Organization*	М	D	Y	Amount		
		Ta: a .						
City	State	Zip Code	Form(C	Cash,Chec	k,etc)			
Full Name of Contributor			Registr	ation Nur	nber, if l	PAC		
Street Address	Employer/Occu	pation/Labor Organization*	M	D	Y	Amount		
				1				
City	State	Zip Code	Form(C	Cash,Chec	k,etc)			
Full Name of Contributor			Registr	ation Nur	nber, if l	PAC		
Street Address	Employer/Occu	pation/Labor Organization*	М	D	Y	Amount		
City	State	Zip Code	Form(C	Cash,Chec	k,etc)			
* Required for contributions from individuals over \$100 to]				her than employe	er	

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event	
		Page Total \$50.00
50.00	0.00	

should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	10/27/05
Page	9

	Prescribed	by Seci	retary of State 02/01					
Name of Committee in Full								
Kevin L. Boyce for City Council Comm	nittee							
Full Name of Contributor				Registra	tion Nun	iber, if P.	AC	
Michael A. Link								
Street Address	Employer	/Оссира	ation/Labor Organization*	М	D	Y	Amount	
3741 Pendlestone Dr.				1 0	3 1	0 5	1	100.00
City	Sta	te	Zip Code	Form(C	ash,Chec			
Columbus	O H 43230		check					
Full Name of Contributor	·			Registra	tion Nun	iber, if Pa	AC	
Natasha Davis				1				
Street Address	Employer	/Occupa	tion/Labor Organization*	М	D	Y	Amount	
2264 Lila Way	MPW	ndustr	ial Services, Inc Attorney	1 0	3 1	0 5		50.00
City	Stat	te	Zip Code		sh,Checl			
Columbus	0	Η	43235	1	cash			
Full Name of Contributor				Registra	tion Num	ber, if Pa	AĈ	
Shanda Harris								
Street Address	Employer	Occupa	tion/Labor Organization*	М	D	Y	Amount	
2775 Preston Club	Colum	bus Sat	e - Small Bus. Development	1 0	3 1	0 5		25.00
City	Stat	e	Zip Code		sh,Checl			
Columbus	0	Η	43219		cash			
Full Name of Contributor				Registration Number, if PAC				
Rodney Mangham								
Street Address	Employer/	Occupa	tion/Labor Organization*	М	D	Y	Amount	
1011 Atlantic Ave., Apt. 819	YMCA	- Empl	loyment Specialist	1 0	3 1	0 5		3.00
City	Stat	e	Zip Code	Form(Ca	sh,Checl	c,etc)		
Columbus	0	Н	43229	İ	cash			
Full Name of Contributor				Registra	tion Num	ber, if PA	AC	
Jeremy Neely								
Street Address	Employer/	Оссира	tion/Labor Organization*	M	D	Y	Amount	
1921 Mountain Oak Rd.	Cols. C	ity Par	ks & Rec Rec. Worker	1 0	3 1	0 5		10.00
City	Stat	e	Zip Code	Form(Ca	sh,Check	c,etc)		
Columbus	0	Η	43219		cash			
Full Name of Contributor				Registra	tion Num	ber, if PA	AC	
Jarrett Neely								
Street Address	Employer/	Occupa	tion/Labor Organization*	М	D	Y	Amount	
1921 Mountain Oak Rd.	unemployed		1 0	3 1	0 5	1	15.00	
City	Stat	e	Zip Code	Form(Ca	sh,Check	c,etc)		
Columbus	0	Η	43204		cash			
Full Name of Contributor				Registra	ion Num	ber, if PA	AC T	
Michael Cole								
Street Address	Employer/	Occupa	tion/Labor Organization*	M	D	Y	Amount	
350 S. Huron	Toth Co	ommur	nications - Host/Exec. Prod.		3 1	0 5		30.00
City	Stat		Zip Code	Form(Ca	sh,Check	,etc)		
Columbus	0	Н	43204		cash			

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event	
		Page Total \$ 233.00
L I		

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	10/27/05
Page	10
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	Prescribed by Sec	retary of State 02/01			1 1 1 2 2 2
Name of Committee in Full					
Kevin L. Boyce for City Council Comp	nittee				
Full Name of Contributor			Registration Num	ber, if PAC	
Niel M. Jurist					
Street Address	Employer/Occup	ation/Labor Organization*	M D	Y Amount	
1183 Thurell Rd.	IN8 Inner-Pri	zes - Director	1 1 0 2	0 5	10.00
City	State	Zip Code	Form(Cash,Check	(,etc)	
Columbus	O H	43229	check	;	
Full Name of Contributor			Registration Num	ber, if PAC	
Cortney J. Lay					
Street Address	Employer/Occup	ation/Labor Organization*	M D	Y Amount	
1550 E. Broad St., Apt. 306	Shane's Gour	met Restaurant - Chef	1 1 0 2	0 5	25.00
City	State	Zip Code	Form(Cash,Check	,etc)	•
Columbus	O H	43203	check	:	
Full Name of Contributor			Registration Number	ber, if PAC	
Laura L. Neely					
Street Address	Employer/Occupa	ation/Labor Organization*	M D	Y Amount	
498 S. Hamilton Rd., Apt. 43	Wexner Herit	tage House - Med. Rec. Asst.	1 1 0 2	0 5	25.00
City	State	Zip Code	Form(Cash,Check	;,etc)	
Columbus	$O \mid H$	43213	check		
Full Name of Contributor			Registration Num	ber, if PAC	
Jason E. Boyd					
Street Address	Employer/Occupa	ation/Labor Organization*	M D	Y Amount	
3651 Cannongate Dr.	Franlin Coun	ty - Attorney	1 1 0 2	0 5	15.00
City	State	Zip Code	Form(Cash,Check		
Columbus	$O \mid H$	43228	check		
Full Name of Contributor			Registration Num	ber, if PAC	
Christina Williams					
Street Address	Employer/Occupa	ation/Labor Organization*	M D	Y Amount	
2580 Villa Capri	Columbus Pu	ıblic Schools - Teacher	1 1 0 2	0 5	30.00
City	State	Zip Code	Form(Cash,Check	,etc)	
Columbus	$O \mid H$	43219	check		
Full Name of Contributor			Registration Num	ber, if PAC	
Yakima Nelson					
Street Address	Employer/Occupa	ation/Labor Organization*	M D	Y Amount	
7393 Brooke Blvd.	City of Colum	nbus - Council Aid	1 1 0 2	0 5	25.00
City	State	Zip Code	Form(Cash,Check		
Reynoldsburg	O H	43068	check		
Full Name of Contributor			Registration Num	ber, if PAC	
Aaron M. Riley					
Street Address	Employer/Occupa	ation/Labor Organization*	M D	Y Amount	
734 Sheridan Ave.	Columbus Ai	ds Task Force - Director	1 1 0 2		50.00
City	State	Zip Code	Form(Cash,Check		
Bexley	OH	43209	check		

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event	
		Page Total \$180.00_

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	10/27/05
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Prescribed by Sec	cretary of State 02/01					
						-
nmittee						
R		Registra	Registration Number, if PAC			
Employer/Occup	oation/Labor Organization*	M	D	Y	Amount	
Compuware	Co Bus. Analyst	1 0	3 1	0 5		25.00
State	Zip Code					
OH	43232					
		Registra	tion Nur	nber, if P	AC	
Employer/Occup	ation/Labor Organization*	M			Amount	
Ohio State Ui	niv Development Officer					25.00
State	Zip Code	,	,			
OH	43232					
		Registra	tion Nun	nber, if P	AC	
Employer/Occup	ation/Labor Organization*	M	D	Y	Amount	
Columbus Sta	ate - Project Specialist					20.00
State	Zip Code	1 `				
O H	43219					
		Registra	tion Nun	nber, if Pa	AC	
Employer/Occupa	ation/Labor Organization*	М			Amount	
RSC - DCA						50.00
1	1 -	`	,	, ,		
O H	43213					
		Registrat	tion Nun	nber, if Pa	AC	
Employer/Occupa	ation/Labor Organization*	M	D	Y	Amount	
						15.00
		,				
O H	43213					
		Registrat	ion Nun	ber, if P	AC	
		<u> </u>				
1		M	D	Y	Amount	
Labor Team -	Business Development					50.00
State	Zip Code					
$O \mid H$	43211					
		Registrat	ion Num	ber, if PA	AC	
1	-	М	D	Y	Amount	
Jones Day - A					<u></u>	25.00
	Zip Code	Form(Ca	ch Check	(etc)		
State O H	43085		check			
	Employer/Occup Compuware State O H Employer/Occup Ohio State U State O H Employer/Occup Columbus St State O H Employer/Occup RSC - DCA State O H Employer/Occup CLU - Directo State O H Employer/Occup CLU - Directo State O H Employer/Occup Labor Team - State O H	Employer/Occupation/Labor Organization* Compuware Co Bus. Analyst State Zip Code O H 43232 Employer/Occupation/Labor Organization* Ohio State Univ Development Officer State Zip Code O H 43232 Employer/Occupation/Labor Organization* Columbus State - Project Specialist State Zip Code O H 43219 Employer/Occupation/Labor Organization* RSC - DCA State Zip Code O H 43213 Employer/Occupation/Labor Organization* CLU - Director State Zip Code O H 43213 Employer/Occupation/Labor Organization* CLU - Director State Zip Code O H 43213	Employer/Occupation/Labor Organization* Compuware Co Bus. Analyst State Zip Code Form(Color	Employer/Occupation/Labor Organization* Compuware Co Bus. Analyst State	Employer/Occupation/Labor Organization*	Employer/Occupation/Labor Organization* Compuware Co Bus. Analyst 1 0 3 1 0 5 5

Fill in the boxes below only on the last page for this event.

Total contributions this event Total expenditures this event	
	Page Total \$210.00

should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	10/27/05
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	Prescribed by Sec	retary of State 02/01				
Name of Committee in Full						
Kevin L. Boyce for City Council C	Committee		_			
Full Name of Contributor			Registration Nu	mber, if Pa	AC .	
Angela R. Aikens						
Street Address	Employer/Occup	ation/Labor Organization*	M D	Y	Amount	
2369 Liverpool Ct.	Ross Product	s - Gov't Contracts	1 0 3 3	1 0 5		25.00
City	State	Zip Code	Form(Cash,Che	, ,		
Columbus	O H	43229	chec	:k		
Full Name of Contributor	•		Registration Nu	mber, if PA	AC .	
Kimberly Aikens						
Street Address	Employer/Occup	ation/Labor Organization*	M D	Y	Amount	.,
2369 Liverpool Ct.	Ross Product	s - Sales Analyst	1 0 3 3	1 0 5		25.00
City	State	Zip Code	Form(Cash,Che	ck,etc)		
Columbus	O H	43229	chec	:k		
Full Name of Contributor			Registration Nu	mber, if P	AC	
Angela L. Stanley			1			
Street Address	Employer/Occup	ation/Labor Organization*	M D	Y	Amount	
3064 Dorris Ave.	Ohio State Ur	niversity - Research Assoc.	1 0 3 1	l 0 5		25.00
City	State	Zip Code	Form(Cash,Che			
Columbus	O H	43202	chec	:k		
Full Name of Contributor			Registration Nu	mber, if PA	AC .	
Pierrot G. Laurent						
Street Address	Employer/Occupa	ation/Labor Organization*	M D	Y	Amount	
8504 Amarillo Dr.	Prudential Fir	nancial - Financial Advisor	1 0 3 1	1 0 5		25.00
City	State	Zip Code	Form(Cash,Che	ck,etc)		
Blacklick	O H	43004	chec	:k		
Full Name of Contributor			Registration Nu	mber, if P	AC .	
Silvina M. Byrd						
Street Address	Employer/Occupa	ation/Labor Organization*	M D	Y	Amount	
1413 S. Roosevelt Ave.	MP Total Car	e	1 0 3 1	1 0 5		10.00
City	State	Zip Code	Form(Cash,Che	ck,etc)		
Columbus	<u> </u>	43209	chec	k		
Full Name of Contributor			Registration Nu	mber, if PA	AC .	
Weirdella Gibbs						
Street Address	Employer/Occupa	ation/Labor Organization*	M D	Y	Amount	
2331 Argyle Dr.	CAMACO		1 0 3 1	0 5		25.00
City	State	Zip Code	Form(Cash,Che	ck,etc)		
Columbus	O H	43219	chec	:k		
Full Name of Contributor		·····	Registration Nu	mber, if PA	\С	
Evangeline Woods						
Street Address	Employer/Occupa	ation/Labor Organization*	M D	Y	Amount	
1672 Rainbow Park	MATAH Net	work - Ind. Rep.	1 0 3 1	0 5		10.00
City	State	Zip Code	Form(Cash,Che	ck,etc)		
Columbus	OH	43206	chec	k		
	-					

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event	
		Page Total \$ 145.00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

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Event Date	10/27/05
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Prescribed by Secretary of State 02/01 Name of Committee in Full Kevin L. Boyce for City Council Committee Full Name of Contributor Registration Number, if PAC Janelle Simmons Street Address Employer/Occupation/Labor Organization* D Amount 2686 Bloom Dr. Comm. Shelter Board - Dev & Comm Rel. 1 0 3 1 0 5 20.00 City State Zip Code Form(Cash,Check,etc) Columbus 43219 cash Full Name of Contributor Registration Number, if PAC Geoff Starks Street Address Employer/Occupation/Labor Organization* D 265 Beech Dr. Bisys Fund Serv. - Fund Specialist 1 0 3 1 0 | 5 10.00 City State Zip Code Form(Cash,Check,etc) Delaware Η 43015 cash Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* City Zip Code Form(Cash,Check,etc) Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Amount State Zip Code Form(Cash,Check,etc) Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* D Amount City State Zip Code Form(Cash,Check,etc) Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* D Amount City State Zip Code Form(Cash,Check,etc) Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* D Zip Code Form(Cash,Check,etc)

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event	
798.00	385.00	Page Total \$30.00

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Kevin L. Boyce for City Council Comn	nittee	
To Whom Paid		M D Y Amount
WBNS TV		1 0 2 5 0 5 14,769.00
Address	Purpose	
770 Twin Rivers Dr.	Media Ad	Charle Number
Columbus	State Zip Code 43215	Check Number 1305
Columbus To Whom Paid	1 () 11 43213	M D Y Amount
WBNS TV		1 0 2 5 0 5 9,732.50
Address	Purpose	
770 Twin Rivers Dr.	Media Ad	Check Number
City Columbus	State Zip Code 43215	1306
To Whom Paid	() 11 10210	M D Y Amount
WCMH TV	<u></u>	1 0 2 5 0 5 15,704.00
Address	Purpose	
3165 Olentangy River Rd.	Media Ad	Charl Number
Columbus	State Zip Code 43202	Check Number 1307
Columbus To Whom Paid	() 11 43202	M D Y Amount
WCMH TV		1 0 2 5 0 5 9,817.50
Address	Purpose	
3165 Olentangy River Rd.	Media Ad	To: 100 100 100 100 100 100 100 100 100 10
City	State Zip Code 43202	Check Number 1308
Columbus To Whom Paid	O H 43202	M D Y Amount
WSYX TV		1 0 2 5 0 5 4,403.00
Address	Purpose	
1261 Dublin Rd.	Media Ad	
City	State Zip Code 43215	Check Number 1309
Columbus To Whom Beid	O H 43215	M D Y Amount
To Whom Paid WSYX TV		1 0 2 5 0 5 3,013.50
Address	Purpose	
1261 Dublin Rd.	Media Ad	
City	State Zip Code	Check Number
Columbus	O H 43215	M D Y Amount
To Whom Paid WTTE TV		1 0 2 5 0 5 10,667.50
Address	Purpose	
1261 Dublin Rd.	Media Ad	
City	State Zip Code	Check Number
Columbus	O H 43215	M D Y Amount
To Whom Paid WWHO TV		1 0 2 5 0 5 3,412.75
Address	Purpose	
1160 Dublin Rd.	Media Ad	
City	State Zip Code	Check Number 1312
Columbus	O H 43215	1314

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Kevin L. Boyce for City Council Cor	nmittee		
To Whom Paid			M D Y Amount
Kevin L. Boyce			1 0 2 7 0 5 555.00
Address	Purpose		
3184 Sophie St.		rsement for postage	
City	State	Zip Code	Check Number
Columbus	$O \mid H$	43219	1315
To Whom Paid			M D Y Amount
Kevin L. Boyce			1 0 2 7 0 5 214.00
Address	Purpose		
3184 Sophie St.	Reimbu	rsement for Breakfa	st
City	State	Zip Code	Check Number
Columbus	<u> </u>	43219	1316
To Whom Paid			M D Y Amount
Stephen Hightower			1 0 2 9 0 5 1,000.00
Address	Purpose		
258 East Lane Ave.		ing Fees	
Colored	State	Zip Code	Check Number
Columbus To Whom Paid	<u> </u>	43201	1317
			M D Y Amount
Ohio Democratic Party Address	In		1 0 3 1 0 5 3,777.80
271 East State St.	Purpose Direct N	/oil	
City	State	Zip Code	Check Number
Columbus	OH	43215	1318
To Whom Paid		10210	M D Y Amount
Ohio Democratic Party			1 0 3 1 0 5 10,083.70
Address	Purpose		19001100
271 East State St.	Direct M	lail (
City	State	Zip Code	Check Number
Columbus	$-10 \mid H$	43215	1319
To Whom Paid			M D Y Amount
Policy Works			1 0 3 1 0 5 3,500.00
Address	Purpose		
83 Parsons Ave., Ste C	Media C	Consultant	
City	State	Zip Code	Check Number
Columbus	O H	43215	1320
To Whom Paid			M D Y Amount
Columbus Post			1 0 3 1 0 5 767.70
Address	Purpose	. 1	
172 East State Street	Media A		
Columbus	State H	Zip Code 43215	Check Number 1321
To Whom Paid	<u> </u>	43213	M D Y Amount
The Communicator News			1 0 3 1 0 5
Address	Purpose		11013110131 300.00
P.O. Box 1232	Media A	۸d	
City	State	Zip Code	Check Number
Worthington	ОН	43085	1322

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full	***					
Kevin L. Boyce for City Council Cor	mmittee					
To Whom Paid			М	D	Y	Amount
Expenditures from Form 31-F			1 0	2 7	0 5	385.00
Address	Purpose					
rxuuress	1-2-5-50					Ì
C'.	State	Zip Code	Check	Number		
City	State	Lip Code	I Shook			
					V	Amount
To Whom Paid			M	D	Y	Amount
				سليل		L
Address	Purpose					İ
City	State	Zip Code	Check	Number		
 ,						
T. Wilson Daid			М	D	Y	Amount
To Whom Paid			I			
	In :					<u> </u>
Address	Purpose					
			1	NI		
City	State	Zip Code	Check	Number		•
To Whom Paid			М	D	Y	Amount
						<u></u>
Address	Purpose					
Audi 699						
a.	Ctoto	Zip Code	Check	Number		
City	State	Zip Code	Cincox			
				F	V	Amount
To Whom Paid			M	D	Y	Amount
						<u> </u>
Address	Purpose					
City	State	Zip Code	Check	Number		
,		1	Ī			
To Whom Paid			М	D	Y	Amount
To Whom Paid			1			1
	Dumasa				<u> </u>	<u> </u>
Address	Purpose					
		7:n O- 1:	Ob. 1	k Number		
City	State	Zip Code	I Cneci	. MINIOCI		
					T ==	A
To Whom Paid			M	D	Y	Amount
						<u> </u>
Address	Purpose					
City	State	Zip Code	Checl	k Number		
City						
			М	D	Y	Amount
To Whom Paid			IVI	Ĭ	1 1	
Address	Purpose					
City	State	Zip Code	Chec	k Number		

Page Total \$	385.00_
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Event Date	10/27/2005
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Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

	110001101213			
lame of Committee in Full				
Kevin L. Boyce for City Council	Committee		LV LD LV A	
o Whom Paid			M D Y Amount	200.00
Creative Cuisine			1 0 2 7 0 5	200.00
Address	Purpose			
839 Busch Court	Food		Check Number	
City	State	Zip Code	1313	
Columbus	ОН	43229	M D Y Amount	
o Whom Paid			1 0 2 7 0 5	185.00
Columbus Metropolitan Club			1 0 2 7 0 3	100.00
Address	Purpose	. 1		
100 E. Broad St.	Facility R	ental	Check Number	
City	State	Zip Code 43215	1314	
Columbus	ОН	43213	M D Y Amount	
To Whom Paid				
	Dumaga			
Address	Purpose			
	State	Zip Code	Check Number	
City	State	Zip code		
			M D Y Amount	
To Whom Paid	_			
	Purpose			
Address	n ui poso			
	State	Zip Code	Check Number	
City				
To Whom Paid			M D Y Amoun	l
To whom Paid				
Address	Purpose			
Address				
State Zip Code		Zip Code	Check Number	
City				
To Whom Paid			M D Y Amoun	t
10 WHOIN 1 aid				
Address	Purpose			
Autros				
City	State	Zip Code	Check Number	
To Whom Paid			M D Y Amour	nt
l				
Address	Purpose			
			lot 1 V ab	
City	State	Zip Code	Check Number	

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$ ____385.00